

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

RIDE-ALONG WAIVER

| | | |
|---|--|-------------------------------|
| NAME <i>(First, MI, Last)</i> | AGE | PHONE NO. |
| STREET ADDRESS | CITY/STATE/ZIP CODE | |
| DATE I WISH TO RIDE | HOURS I WISH TO RIDE From: _____ To: _____ | |
| DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD HINDER EASY ENTRANCE AND EXIT FROM A PATROL VEHICLE? <input type="checkbox"/> Yes <i>(explain below)</i> <input type="checkbox"/> No | | |
| | | |
| | | |
| | | |
| IN THE EVENT OF AN EMERGENCY, NOTIFY | | PHONE NO. |
| <p>I, _____, hereby release the California Department of Parks and Recreation, its officers and employees from any claim for damages for any loss of property, injury or death which might result from my participation in a ride along involving the California Department of Parks and Recreation. This release is given freely in consideration of the privilege being extended to me to ride in units of the California Department of Parks and Recreation during regular duty hours, and/or participating in other California Department of Parks and Recreation activities.</p> <p>Given at _____, this _____ day of _____, 20____.</p> <p>CITIZEN RIDER SIGNATURE</p> <p>▶</p> | | |
| EMPLOYEE SIGNATURE | CII | SUPERVISOR APPROVAL SIGNATURE |
| ▶ | <input type="checkbox"/> Yes <input type="checkbox"/> No | ▶ |
| DISTRICT SUPERINTENDENT REVIEW | | |
| ▶ | | |